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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## DIVISIONAL

## REISSUE PATENT APPLICATION TRANSMITTAL

BROADENED REISSUE

Address to:

Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, DC 20231

Attorney Docket No.	MAT-3720US3
First Named Inventor	Ryoichi Imanaka
Original Patent Number	5,790,172
Original Patent Issue Date (Month/Day/Year)	August 4, 1998
Express Mail Label No.	EL635061797US

APPLICATION FOR REISSUE OF:  
(check applicable box)

Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS

1.  \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2.  Specification and Claims (amended, if appropriate)
3.  Drawing(s) (proposed amendments, if appropriate)
4.  Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent  
 Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
 Ribboned Original Patent Grant  
 Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?  
 Yes       No

(If Yes, check applicable box(es))

Written Consent of all Assignees (PTO/SB/53 or 54)  
 37 C.F.R. § 3.73(b) Statement  Power of Attorney

## ACCOMPANYING APPLICATION PARTS

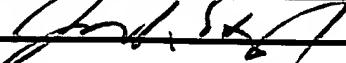
7.  Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
8.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
9.  English Translation of Reissue Oath/Declaration  
(if applicable)
10.  Small Entity Statement(s)  Statement filed in prior application.  
(PTO/SB/09-12)  Status still proper and desired
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  Other: Request for Transfer of Drawings:  
Assent by Assignee:  
Copy of 1st page of Letters Patent

\*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

## 14. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here) or  Correspondence address below

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NAME (Print/Type)	Jacques L. Etkowicz	Registration No. (Attorney/Agent)	41,738
Signature			Date 08/03/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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Docket Number (Optional)

MAT-3720US3

**REISSUE APPLICATION FEE TRANSMITTAL FORM  
(DIVISIONAL)**
**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 3	**** 0 =	x \$ ____ =		or x \$ 18 =	0
(C) 8	Independent Claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ ____ =			x \$ 78 = 0
Basic Fee (37 CFR 1.16(h))				\$ _____		\$ 690	
Total Filing Fee				\$ 690	OR	\$ 690	

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		or x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =			x \$ ____ =
Total Additional Fee				\$ _____		OR	\$ _____	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancelation of claims

\*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 690 to cover the filing / additional fee is enclosed.

8/3/00  
Date

Signature of Applicant, Attorney or Agent of Record

Jacques L. Etkowicz, Reg. No. 41,738

Typed or printed name

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Ryoichi Imanaka

Docket No.

MAT-3720US3

Serial No.

To Be Assigned

Filing Date

Herewith

Examiner

Group Art Unit

Invention: SERVER APPARATUS, SUBSCRIBER APPARATUS AND INFORMATION ON DEMAND SYSTEM

JC869 U.S. PTO  
09/631542  
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I hereby certify that the following correspondence:

**Divisional Reissue Application with Transmittal and related enclosures***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under

37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231

6/3/03  
*(Date)***Kathleen Libby***(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)***EL635061797US***("Express Mail" Mailing Label Number)*

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